MAAGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01311 Reg. Dist. No. 2,52

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State County City or town (If outside city or town limits, write RURAL and give neurest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. |
|--|--|
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Darah (lla Cam | was now |
| 4. Sex Final Lehiti Ledawad 6.(a) Single, married, widowed, or divorced Wedawad 6.(b) Name of husband or wife. B.(c) If alive, give age | MEDICAL CERTIFICATION 20. NATE DF DEATH |
| 8. AGE: Years Months Days It less than one day 8. The second of the sec | Immediate cause of death DURATION |
| 9. Birthplace Me Level (Town, county, and state) 10. Usual occupation Rebeck (Vocace of a state) | Due to. |
| 11. Industry or business 12. Name 13. Birthplace 13. Birthplace 14. Name 15. Name 16. Nucleikieu 17. Name 18. Nucleikieu 18. Nucleikieu | Diher conditions |
| 14. Maiden name Sauch De Rochbrusse 15. Birthotace Descen Cenni Co. Med | Major findings of operations Date of op. |
| 18. Interment Mes Harry O Tooker Address Chulewill Manyland | Autopsy results |
| 17. (Burial, cremation, or removal, Which?) Date thereof. (Aprel 7-47) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide |
| Location Willshars, Caroline Co. Med | Where did injury occur? |
| 18. Funeral director. Tackon Toes Address Centerally Keen land | Means of Injury Injured at work? |
| 19. 4 - 5 - 19. 4 7 Electron Registrar | 23. SIGNATURE M. D. or other 4-4-4 |

APR 14 1947
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEDTIFICATE OF DEATH

| | | | 123 | - | . / |
|------|-------|-----|-----|---|-----|
| Reg. | Diat. | No. | 2 | 2 | 4 |

| | CERTIFICA | Reg. Dist. No. |
|---|--|--|
| | 7996 | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| How long in above place of death? Hospital, institution, or street address when | | City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) |
| How long in hospital or institution? | | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | Coloman | 3. (b) Social Security Number |
| 4. Sex 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| mc | Merried | 20. DATE OF DEATH April 26 19 47 at 2: 30 P. |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 9. Birthplace Crown Crown 10. Usual occupation Crown 11. Industry or business Fave 12. Name Crown 13. Birthplace Many 14. Maiden name Tossep | Days It less than one day him country, and state) Aline Market M | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 16. Informant | 0 | Autopsy results. |
| t7 | Date thereot 4-18-47 (mouth) (day) (year) | PHYStCIAN: Please noderline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide |
| Address 19. 4 - 28 (Date rec'd by registrar) | 7 Helen M aldridge | 23. SIGNATURE Walking C. M. D. or other Address O Language Many M. Dato signed Opin 24, 1977 |

PERASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago MARGIN RESERVED FOR BINDING

A15 AS

RECRIVED MAY 2 1947

BUREAU V 8

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

01313 Reg. Dist. No. 252

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| County Centrarilla | State Mary land County Laccon Course |
| City or town | |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) |
| nuspital, institution, or street address where death occurred. | Street No. |
| How long in hospital or institution? | (If rural, give LOCATION) |
| | 2.(a) If veteran, name war |
| 3. (a) FULL NAME William Myers Co | 3. (b) Social Security Number |
| | uley 213-16-8155 |
| 0. | MEDICAL CERTIFICATION |
| Neale White Married | 20. DATE OF DEATH Afroid 7 1977 at 9 - R |
| 6, (b) Name of husband or wife Sloa May Coulay | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 3.57 | |
| 7. Birth date of deceased (mo., day, yr.) February 8-1906 | and that I last saw haliye on |
| deceased (mo., day, yr.) 8. AGE: Years Months Day If less than one day | Immediate cause of death was dead where DURATION |
| 111 7 0 | I would it his house |
| 4/ 2hrsmin. | Forom history obtained of |
| 9. 8 irihplace to Account (Town, county, and state) | Due tohor a heart attick - |
| 7- | |
| C++ P | Due to |
| 11. Industry or business State Toda | |
| 12. Name Danniel Corley 13. Birthplace Caroline Co Maryland | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name. auguste Walls 15. Birthplace M. Seinfleville 20 Co Mid | |
| 2 15. Birthplace The Sainpleville 20 Co Ned | Major findings of operations. Date of op. |
| 16. Interment Mrs / Sloa May Couley | Antopsy results. |
| a. + 11 71. 10 | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Cellisoelle Macy land | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, eremation, or removal. Which?) Date thereof (Month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Chestufield | Whera did injury occur? |
| Central Man land | |
| Location 7 A 7 | tnjured at home, farm, industry, public place (where?) Means of injury Injured at work? |
| 18. Funeral director | migrae or miles |
| Address Ceciterella Maryland. | (11. Drewn I what |
| 4-8- 47 800 | 23. SIGNATURE M. D. or other |
| 19 | Address Cottseville md Date signed 48.47 |
| | / |

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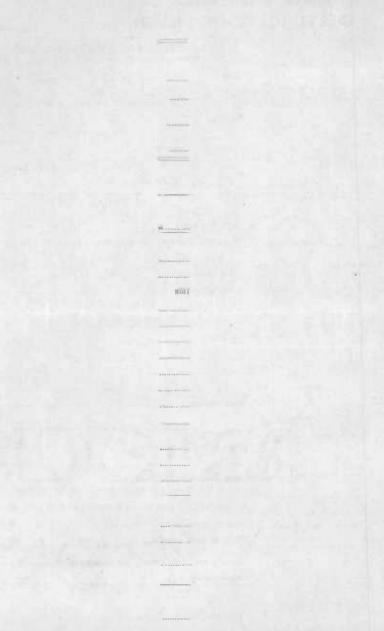
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3140)

| | 01315 |
|-----------|---------|
| er. Dist. | No. 252 |

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 202 |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Ror newborn infants give residence of mother) Stale Maryland County Quilles (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. |
| 3. (a) FULL NAME annie Ruelma | Faulkner 3. (b) Social Security Number |
| 4. Sex 1. Scolor or race 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 4. Widowed, or divorced 4. Widowed, or divorced 4. Widowed, or divorced 4. Widowed, or divorced 6. (a) Single, married, widowed, or divorced 4. Widowed, or divorced 6. (b) Name of husband or wife 8. (c) If alive, give age 9. Years 8. AGE: Years 9. Months 9. Birthplace 11 less than one day 12 hrs. 13. Birthplace 14. Maiden name 15. Birthplace 16. (a) Single, married, widowed, or divorced 16. (b) Single, married, widowed, or divorced 16. (a) Single, married, widowed, or divorced 18. AGE: Year 18. AGE: Facelly age 19. Birthplace 19. Birthplace 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 14. Maiden name 15. Birthplace 16. (a) Single, married, widowed, or divorced 18. AGE: Facelly age 19. Birthplace 19. Mary facelly age 19. Mary facelly age 10. Washingle, married, widowed, or divorced 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 14. Maiden name 15. Birthplace 16. (c) If alive, give age 18. AGE: Facelly age 19. Mary facelly age 10. Mary facelly age 11. Mary facelly ag | MEDICAL CERTIFICATION 2D. DATE DF DEATH 19 / at / D. M. 21. I OEBRIFY that death occurred on the date above stated; that I attended deceased from 19 / 19 / 19 / 19 / 19 / 19 / 19 / 19 |
| 16. Informant Address Loyal Maill Manyland 17. Surial Date thereof Office (sporth) (day) (year) Cemetery or crematory Alesterfields Location Location Address Location Location Address Location Location Location Location Location Location Location Location Registrary Location Location Registrary Registrary | Antopsy results |





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MARYLAND STATE DEPARTMENT OF HEALTH

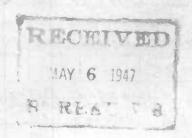
2411 N. Charles St., Baltimore B.

01316

| CERTIF | FICATE OF DEATH | Reg. Dist. No. 715 |
|------------------------------|-----------------|-------------------------------|
| I. PLACE OF DEATH: County | City or town | County Queen Anne |
| 3. (a) FULL NAME | | 3. (b) Social Security Number |

| County | State |
|--|---|
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| C - The Johnson | 219 -10-9997 |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| | |
| F C Married | 20. DATE OF DEATH |
| 8. (b) Name of husband or wife. Freston Reasonalt Johnson 7. Birth dato et deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 35 | Immediate cause of death |
| 9. Birthplace | Due to |
| 12. Name // // // // // // // // // // // // // | Other cenditiens |
| | (Include pregnuncy within 3 months of deuth) |
| 14. Malden name Katie Thomas 15. Birthplace Toh Known | Major findings of operations. |
| | Date ef ep. |
| 18. Informant Treaton Roosewelt Johnson | Autopsy results |
| Address Rovel Chester. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17 Burfal, cremation, or removal. Which?) Date thereof (month) (day) (year) | 22. VIOLENCE: If death was due te external causes, fill in the fellowing; Accident, suicide, er homicide |
| Cemetery er cremators Col Chestle En | Where did injury eccur? |
| Lecation Souther ma. | Injured at home, farm, industry, public placo (where?) |
| Colour & Williams | Means of Injury Injured et work? |
| Address Easton MA | 23. SIGNATURE William C. hame, MO |
| 19. May 2 - 1947 Helan M. Whathele Registrar | Address Queen down mg Bate signed 29, 19 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. A15 SA



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

er. Dist. No. 254

| 1. PLACE OF DEATH: Covery. Queen Co | | |
|--|--|---|
| Stells. Many Life or two. (If controls only only two servers town) Row long in about a city or two stellistals. and give nearest town) Row long in about a city of the stellistals. The stellistals are give nearest town) Row long in about a city of the stellistals. The stellistals are give nearest town) Street Ro. (If controls, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Full stellistals or wife stellistals. (If controls, give LOCATION) 3. (a) Full stellistals or wife stellistals. (If controls, give LOCATION) 3. (b) Social Security Number 3. (c) Social Security Number 4. See 5. Color or reas 6. (c) Rame of harband or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 5. Color or reas 6. (c) It silvers as an an away. 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 4. See 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 7. Lotter or wife stellistals. (If controls, give LOCATION) 3. (d) Social Security Number 7. Lotter or wife stellistals. (If controls, give LOCATION) 2. Lotter or tenn. (If controls, give LOCATION) 3. (| | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| Rev lace in long lace of dealth 7 13 14 14 14 14 14 14 14 14 14 14 14 14 14 | COUCTY | |
| Rev long in bases place of death The part Revents | City or town Rune Queenstown | State County |
| Street No. | | City or town Rum Queens lown |
| Street Ro. ((Frural, give LOCATION) 2.(a) If veloran, same war 3.(b) Social Security Number 3.(b) Social Security Number 3.(c) FULL NAME Glenford Johnson 4. Six S. (a) Single, married, bildowed, or discreed MEDICAL CERTIFICATION 20. DATE OF BEATW. 21. IEEETHY that death occurred on the data above state; that is attended deceased from the deat. 21. IEEE/IFF that death course of death. 22. IEEE/IFF that death that death that the state; that is attended deceased from the death. 23. IEEE/IFF that death that death that the state; that is attended deceased from the death. 24. The state is a state; that is attended deceased from the death. 25. IEEE/IFF that death that the state; that is attended deceased from the death. 26. IEEE/IFF that death that the state; that is attended deceased from the death. 27. VIOLENCE it death was due to external coaces, fill in the tellowing: the death was due to external coaces, fill in the tellowing: the death was due to external c | How long in above place of death | (it odiside city of town limits, write AURAL and give nearest town) |
| Row long in hospital or institution? 3. (a) If veteran, name war 3. (b) Social Security Number 4. Sea 5. Univer or race 5. (c) Single, married, widewed, or diverced MEDICAL CERTIFICATION 8. (b) Name of husband or wife. 6. (c) It alive, give age. 5. years 7. Eith date of deceased (mo., day, rr.) 8. AGE: 1345 8. Months 9. Birthplace 9. Bi | | |
| 4. Sez 5. Lober or rece 5. Lolange, married, wildowed, or divorced MEDICAL CERTIFICATION 6. (6) Name of husband or wife 5. Lolange in married, wildowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH 19. F.Z. at 12. LEGITLEY that believe stated; that at at proded deceased from the date above stated; that at at the state of deceased (me. day, r.). October 1895 8. AGE: 1921 Months Day: It less than one day It less than one day It less than one day Crown Country, and state) 10. Usual accupation Day: It less than one day It | Row long in hospital or institution? | |
| A. Sez S. Loler or race S. Coloringle, married, without of disorded of disorded of disorded of disorded of disorded of disorded or wife S. Coloringle, married and the secure of the date above stated; that is signified deceased from the date above stated; that is signified deceased from the deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. A.G.E.: Tagar Months 9. Birthplace Queen from Day It less than one day It less than distribution of the date above stated; that is signified deceased from the deceased (mo., day, yr.) 9. Birthplace Queen from Day It less than one da | 3. (a) FULL NAME | 3. (b) Social Security Number |
| 8. (b) Hame of busband or wife | Glenford Johnson | |
| 8. (b) Rame of husband or wife. Ethal Edma 5. (c) It alive, give age. 5. (c) It alive, give age. 7. Birth date of deceased (mo., day, yr.) 8. AGE: 1323 8. AGE: 1323 8. Birthplace Queens fown 4. 11 Industry or business 10. Usual occupation. 11. Industry or business 12. Rame 13. Dirthplace Queens fown 14. Maiden name 15. Birthplace Queens fown 16. Intermant 17. Birth data to cause of death 18. Intermant 19. Birthplace Queens fown 19. Conditions 19. Conditions | 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| 8. (b) Rame of husband or wife. Ethal Edma 5. (c) It alive, give age. 5. (c) It alive, give age. 7. Birth date of deceased (mo., day, yr.) 8. AGE: 1323 8. AGE: 1323 8. Birthplace Queens fown 4. 11 Industry or business 10. Usual occupation. 11. Industry or business 12. Rame 13. Dirthplace Queens fown 14. Maiden name 15. Birthplace Queens fown 16. Intermant 17. Birth data to cause of death 18. Intermant 19. Birthplace Queens fown 19. Conditions 19. Conditions | m c married | 20. DATE OF DEATH 20-1 11 19 47 at /2:15 10 M |
| 7. Birth date of deceased (mc, day, yr.) October 1893 8. AGE: Year Months 10. Usual occupation. 11. Industry or business 12. Rame. 13. Dirthplace Queenstown 14. Maiden name. 15. Birthplace Queenstown 16. Intermant. Address Queenstown 17. Birth date of death. 18. Fineral directors or removed. Whicigh Date thereof. 19. Incontin. (daty) (year) Complete or crepture. 19. Incontin. (daty) (year) (County occupation. 19. Industry or business 19. Incommon of death. 19 | FHOI Flow Johnson | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) October 1893 8. AGE: 1sats Months Out of Months Ou | A CONTRACTOR OF THE CONTRACTOR | |
| Section County | 7 Blab date at | |
| 8. AGE: 1523 Months 9. Birthplace Queen 100 min. 10. Usual occupation. 11. Industry or business 12. Name. 13. Dirthplace Queen 100 min. 14. Malden name. 15. Birthplace Queen 100 min. 16. Informati | deceased (mo., day, yr.) October 1893 | |
| S. Birthplace Queenstown Queens Anna Due to Trown country, and state) 10. Usual occupation Format Grown Country, and state) 11. Industry or business 12. Name Some Johnson Other conditions 13. Dirthplace Queenstown (Include pregnancy within 3 months of death) 14. Maiden name Nania Brice (Include pregnancy within 3 months of death) 15. Birthplace Queenstown 16. Informant Flace Date of op. Address Queenstown Date thereof Charles (Include pregnancy within 3 months of death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide, monthing occur? (City or town) (Country) (State) 18. Funeral director Main Grown (Country) (State) 19. Funeral director Main Grown (Country) (State) 19. Funeral director Main (Country) (State) 19. Funeral director Main (Country) (State) 10. Do other | 8. AGE: Years Months Days It less than one day | |
| S. Birthplace. Crown county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Dirthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Address 18. Informant. 19. Cemetery or crepestry. 19. Cemetery or crepestry. 19. County or crepestry. 19. County of the | 54 6hrsmin. | |
| Due 10 | 9. Birthplace Queens town Queen Anne, Ma (Town county, and state) | T 01 |
| 11. Industry or business 12. Name | in the legal accumulation form work | I WOOD |
| 12. Name | | Due 10 |
| 13. Dirthplace 14. Maiden name 15. Birthplace 16. Intermant Address Queenstown 16. Intermant Address Queenstown 17. (Burial, cremation, or removed, Whichy) Cemetery or cremetary Commetery or cremetary Commetery or cremetary Commetery or cremetary Commeters or comme | | |
| 14. Maiden name Name Brice 15. Birthplace 16. Intermant Address Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Cemetery or cremetery Which County (State) Location Address 18. Funeral director Maid Address 23. SIGNATURE. 23. SIGNATURE. Major Endings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mi. D. or other | E 12. Name | Other conditions |
| 14. Maiden name 15. Birthplace 16. Intermant Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Date of op. Cemetery or cremetry or cremetry (City or town) (Cocuty) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Means of injury Means of injury M. D. or other | | (L. J. |
| Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Cemetery or cremetery Childred Ch | 14 Maiden name Nannie Brine | |
| Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Cemetery or cremetery Childred Ch | 0. + | |
| Address Queens to which death should be charged statistically. 17. Date thereof (month) (day) (year) Cemetery or crematory (City or town) (County) Location (City or town) (County) 18. Funeral director (March and State and | | Date of op. |
| Address Ocentery or cremetery of cremetery | 16. Informant Ethel Johnson | Autopsy results |
| 22. VIOLENCE: It death was due to external causes, fill in the following; (Burial, cremation, or remove). Which (day) (year) Cemetery or cremetry. City or town) Location | Address Dung town Md | |
| (Burial, cremation, or remove). Which?) Cemetery or crematory. County (County) Location County (City or town) Injured at home, farm, industry, public place (where?) Means of injury Address M. D. or other | Chilinal abil Illerailo | 22. VIOLENCE: It death was due to external causes, fill in the tollowing: |
| Cemetery or cremetery. Child C | (Burial, cremation, or removed. Which (day) (year) | Accident, suicide, or homicide |
| Location Injured at home, farm, industry, public place (where?) 18. Funeral director Injured at work? Address 23. SIGNATURE 23. SIGNATURE M.D. or other | 0 40 110 kg 1 d (6) 11, 0 1 d 1 d 1 | Where did injury occur? (City or town) (Cocuty) (State) |
| 18. Funeral director of the Address Means of Injury Injured at work? Address Man | Location Classification of the state of the | |
| Address Month Mills 23. SIGNATURE William C Lane MD M. D. or other M. D. or other | hely Dylielliams | Means of Injury Injured at work? |
| aby 14 47 3/m add. dag 23. SIGNATURE M.D. or other | 18. Funeral director of the first state of the firs | .1 - |
| Close I'll II I | Address MANN MAS | 1 22 SIGNATURE |
| | 19 apr. 14 1947 N. Medadada | |

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STREAT A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47

CERTIFICATE OF DEATH

01318 Reg. Dist. No. 2525

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County Centrosella | State Mary land County Lucas Course |
| City or town (If outside city or town limits, write RURAL and give nearest town) | (A) + -1 |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospilal, institution, or street address where death occurred: | Street No |
| Name land la handlal ar institution? | (If rural, give LOCATION) |
| How long in hospital or institution? 3. (a) FULL NAME | 2.(a) II veteran, name war. |
| Bessie F. Kinna | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| female White Lordoned | 20. DATE OF DEATH Theil 5 1947 at 5-72 M |
| B.(b) Name of husband or wife Walte Kennanow | 21. I CERTIFY that death occurred on the dale above staled; that I aljended deceased from |
| | Sept 1- 19 47 10 April 5- 1947 |
| 7. Birth date of | and that I last saw her alive on 19475 |
| 8. AGE: Years Months Days If less than one days | Immediate cause of death DURAJION |
| 67 4 24hrsmin. | Corobral Abmorrhage 2 days |
| 9. Birthplace Centerselle 2 a Co Maryland | * · · · · |
| (lown county and state) | Due 10 |
| 10. Usual occupation Salana teacher | Due to |
| 11. Industry or business Retired | 000 10 |
| 12. Name Jame 7 Margan | Other conditions Sacroma Dlung |
| \$ 13. Birthplace Local & Make land | |
| 14. Malden name Mary L. Chause | (Include pregnancy within months of death) |
| 14. Maiden name Mary L. Chause 15. Birthplace Loebet & Maryland | Major findings of operations |
| 1 | Date of op |
| 16. Informant Miss Feetrude Mengan | Autopsy results |
| Address Centrevelly Marykang | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17 Daviel Dale thereof april 8-47 | 22. VIOLENCE: 11 death was due to external causes, till in the following: |
| (Burial, cremation, or removal, Which?) (nonth) (day) (year) | Accident, suicide, or homicide |
| Cemelery or crematory | Where did injury occur? (City or town) (County) (State) |
| Location Certherelle Many land | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director. Dacton Dus | Means of Injury Injured at work? |
| Address Centreville Maryland | 22 SIGNATURE W. Dewy Fisher |
| 19 april 8- 1947 Elsie armstrace | M. D. or other |
| 19. (Dyte rec'd by registrar) Registrar | Address Calleville 19 4 Bate signed 4/8"4/ |

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APR 11 1947

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Santing the state of the

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

01319 Reg. Dist. No. 2 67

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County Cheen Congression | man Al Hax Ca |
| (If outside city or town limits, write RURAL and give nearest town) | 7110 7 |
| How long in above place of death? # Chantt | City or town |
| Hospital, institution, or street address where death occurred; | Street No. |
| Thelin Nurse of Home | (If rural, give LOCATION). |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| JARAH E. KNOWLES | |
| 4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| hemas while William | 20. DATE OF DEATH. 9 19 47 21/2 P |
| 6.(b) Name of husband or wife Allan W. Knowles | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | Quel 1947 10 Garel 5 194 |
| 7. Birth date of deceased (mo., day, yr.) October I. 1873 | and that I last saw Land alive on |
| deceased (mo., day, yr.) UCLODER 1, 18/3 8. AGE: Years Months Days If less than one day | Immediais cruse of death |
| 73-4 6 7hrsmin. | Central Amorshing |
| | 0.1.1.0.1.2.1.2.1 |
| 9. Birthplace Somerset Co. Maryland (Town, county, and affice) | Due to Certley Oshruf Toling |
| 1D. Usuat occupationHousewife | Due to Chang Wydemellt |
| 11. Industry or business | |
| Henry Murray 13. Birtholace Maryland | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Virginia Simms 15. Birthplace Maryland 16. Informant Mrs. George Hitch | Major findings of operations |
| 5 15. Birtholace Maryland | major madings of operations |
| 16. Informant Mrs. George Hitch | Autopsy results. |
| 8 | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Chesterville, Md. | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| Burial Date thereof April II I94 | Accident, suicide, or homicide |
| Cemetery or crematory Memorial Park Cem. | Where did Injury occur? (City or town) (County) (State) |
| | Injured at home, farm, industry, public place (where?) |
| Location Salisbury Wicomico Co. Md. | Means of injury Injured at work? |
| 18. Funeral director. J. Willis Wells | |
| Address Chestertown, Md. | 23. SIGNATURE () Welcull |
| 19 april 8 1947 Clara & Barrey (Obte rec'd by registrar) Registrar | Address Suchlight That Date signed 41747 |

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|--|---------------|
| City or town Sentrally | State Mary land County Tree Com | |
| (If outside city or town limits, write RURAL and give nearest town) | 54 | 46 |
| How long in above place of death? | City or town | 4 |
| Hospital, Institution, or streef address where death occurred: | Street No. / Jallinge Jon 1743 to 1941 | 6 |
| | (If rural, give/LOCATION) | |
| How long in hospital or institution? | 2.(a) If veteran, name war | |
| 3. (a) FULL NAME William Martin M | 2 Pour s 11 3. (b) Social Security Number | - |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| hele West Single | 71 115 | 5 |
| New York | 20. DATE OF DEATH | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from | |
| 6.(c) If alive, give ageyears | | |
| 7. Birth date of deceased (mo., day, yr.) May 10 -1872 | and that I last saw halive on | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death Office or 15 M | WN 2221 |
| 74 11 14nin. | | |
| 9. Birtholace Vergie Kentucky | Due to. | |
| (Town, county, and state) | | ************* |
| 10. Usual occupation. Cackenter & Fernial Achaeae | Due fo | |
| 11. Industry or business | • | |
| E 12. Name De Zuck Puraw | Other conditions | |
| 13. Sirthplace | | |
| 14. Maiden name Do Nat Pacace | (Include pregnancy within 8 months of death) | |
| 14. Maiden name Oo Not Pourou | Major fiadings ol operations. | |
| 7 0 4/ 15 St. Al No D | Oate of op. | *********** |
| 16. Informant 7 | Autopsy results | |
| theres La Co le define of fire anterest the | | |
| 11 Bunch Date thereof aprel 21-47 | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| Date thereof | Accident, suicide, or homicide | *********** |
| Cemetery or crematory. | Where did injury occur? | , |
| Location Ceclesoth Mary land | Injured af home, farm, industry, public place (where?) | |
| 18. Funeral director Tourism Tourism | Means of Injury Injured at work? | |
| Address Criticoelle, Keary land | 11. Name Frales | |
| 4-25- 17 88. 1 | 23. SIGNATURE M. D. OF Other | ************* |
| 19. T - 20 19 T / Olse Urmertous (Date rec'd by registrar) Registrar | Address Exile willo md Date signed 4/25-4 | 47 |
| | The second secon | 7 |

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